

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/28/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUNDVIEW FAMILY CARE HOMES - UNIT I

**136 CENTER AVENUE
BLACK MOUNTAIN, NC 28711**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted an annual and follow-up survey on January 28, 2015.	C 000		
C 140	10A NCAC 13G .0405(a)(b) Test For Tuberculosis 10A NCAC 13G .0405 Test For Tuberculosis (a) Upon employment or living in a family care home, the administrator, all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services. Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902. (b) There shall be documentation on file in the home that the administrator, all other staff and any live-in non-residents are free of tuberculosis disease that poses a direct threat to the health or safety of others. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure 2 of 2 staff (Staff A and Staff B) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2-step Tuberculin skin test) adopted by the Commission for Health Services. The findings are:	C 140		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 140	<p>Continued From page 1</p> <p>1. Review of the personnel record for Staff A, Supervisor-in-Charge/Medication Aide(MA) on 1/28/15 at 2:00pm revealed: -A hire date of 5/24/05. -No documentation of TB skin testing.</p> <p>Interview with Staff A on 1/28/15 at 2:05pm revealed: -She had completed several TB skin tests in the past. -She thought there were "at least" 2 TB skin tests in her personnel record.</p> <p>Interview with the Property Manager on 1/28/15 at 2:10pm revealed: -She was responsible to assure TB skin testing had been completed and the results placed in the staff's personnel record. -All Staff A's information should have been in her personnel record. -She was certain Staff A had 2 TB skin tests in her personnel record. -She did not know why the TB testing results were not in Staff A's personnel record.</p> <p>2. Review of the personnel record for Staff B on 1/28/15 at 2:10pm revealed: -There was no personnel record for Staff B. -No hire date documented. -No documentation of a 2-step Tuberculin skin test.</p> <p>Interview with Staff B on 1/28/15 at 9:35am revealed: -He had been staying at the facility with the Supervisor-in Charge/Medication Aide. -He washed dishes, took the trash out to the back porch and mopped the floors. -He liked to help out. -He stated he had never given the resident's</p>	C 140		

Division of Health Service Regulation

STATE FORM

6899

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If continuation sheet 2 of 10

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C 140	<p>Continued From page 2</p> <p>medication, helped them with personal care or been left alone with them in the house. -He had received several TB tests in the past. -He had not been tested for TB in "many years".</p> <p>Interview with the Property Manager on 1/28/15 at 11:05am revealed: -Staff B was not an employee. -Staff B was a relative of Staff A, the Supervisor-in-Charge (SIC)/ Medication Aide (MA). -Staff B had been staying overnight at the facility. -She was not aware a 2-step TB test was required for live-in non-residents.</p> <p>The facility provided the following Plan of Protection on 1/28/15: -The Property Manager will immediately locate the 2-step TB test results for Staff A, provide copies to DSS and place copies in Staff A's personnel record. -Staff B will leave the facility and not return until documentation of a 2-step TB test is provided to the Property Manager.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED MARCH 15, 2015.</p>	C 140		
C 246	<p>10A NCAC 13G .0902(b) Health Care</p> <p>10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE A2 VIOLATION</p>	C 246		

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C 246	<p>Continued From page 3</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision for 1 of 1 resident (Resident #1) with a history of auditory hallucinations and suicidal ideations.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 1/21/15 revealed diagnoses included:</p> <ul style="list-style-type: none"> -Schizoaffective Disorder-a combination of sensory hallucinations or delusions and mania or depression. -Psychotic Disorder. -PTSD (Post Traumatic Stress Disorder)-mental health problems occurring after someone goes through a traumatic event. -Anxiety Disorder. -Fetal Alcohol Syndrome-a pattern of physical and mental defects associated with high levels of alcohol consumption during pregnancy. -History of Asperger's Disorder-a condition involving delays in the development of many basic skill such as socialization, communication, coordination and imagination. <p>Continued review of Resident #1's current FL2 dated 1/21/15 revealed:</p> <ul style="list-style-type: none"> -Medications included: Abilify 10mg daily (treatment for schizophrenia, bipolar disorder and depression) and Pristiq 100mg extended release, daily (treatment for depression). -Injurious to self in past. -Intermittently disorientated. <p>Review of Resident Register revealed an admission date of 1/5/15.</p> <p>Review of Resident #1's in-patient Psychiatric Consultation report dated 1/3/15 revealed:</p>	C 246		

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C 246	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Resident had been hospitalized, voluntarily, complaining of auditory hallucinations telling her to kill herself by strangulation. -Resident reported the voices had been louder and more persistent for a week. -The voices had been commanding resident to kill herself by wrapping a hair dryer cord around her neck which she had attempted prior to her arrival in the Emergency Department. -Resident stated she had been depressed, unable to sleep and paranoid about other residents in her group home. -Resident had a history of multiple psychiatric hospitalizations the most recent 7/19/14 through 8/12/13. -Resident a history of assaulting a family member. <p>Interview on 1/28/15 at 9:10am with Resident #1 revealed:</p> <ul style="list-style-type: none"> -She stated, "I feel afraid". -She wanted to go back to her other home because she was "used to it there". -She had been moved to this home on 1/5/15, while she was in the hospital, but did not know why. -She had been hearing voices "all the time telling me to kill myself". -The voices had been telling her to wrap the hair dryer cord around her neck. -The hair dryer was left on the bed beside the resident. -The voices were "worse at night and won't let me sleep". -The voices had told her to kill herself early that morning. -She had not told the staff because they never believed her. <p>Interview on 1/28/15 at 9:20am with the Property</p>	C 246		

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SOUNDVIEW FAMILY CARE HOMES - UNIT 1

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C 246	<p>Continued From page 5</p> <p>Manager revealed:</p> <ul style="list-style-type: none"> -She had known Resident #1 for some time and very familiar with her. -Resident #1 had been living in another home owned by the same company. -Resident #1 had received routine Mental Health Services. -She stated Resident #1 was hospitalized 1/2/15 through 1/21/15, prior to her admission to the facility, due to hearing voices that were telling her to strangle herself with the cord of her blow dryer. -Resident #1 had been moved to the current facility to be closer to her family. -She was not aware Resident #1 had heard voices that morning (1/28/15), telling her to put the hair dryer cord around her neck and kill herself. -She was not too concerned because Resident #1 had a history of attention seeking behaviors including threatening suicide but had not actually harmed herself. -She stated the blow dryer had been removed over the weekend and she did not know why Resident #1 had it in her room. -The primary care physician had not been notified of the acute episode over the weekend. -She would remove the hair dryer from Resident #1's room. <p>Interview on 1/28/15 at 2:00pm with a Mental Health worker at the facility revealed:</p> <ul style="list-style-type: none"> -He was called by the facility earlier that day to come to the facility and meet with Resident #1. -He had been told she was hearing voices and the voices were telling her to kill herself. -He had spoken to the staff prior to meeting with Resident #1 and stated they needed to take each threat seriously. Because she had not harmed herself in the past did not mean she would not in the present or future. 	C 246		

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C 246	<p>Continued From page 6</p> <ul style="list-style-type: none"> -He had not met Resident #1 prior to that day, but had spoken to her by telephone on 1/25/15. -On 1/25/15, Resident #1 called her guardian and told the guardian she was hearing voices. -The voices told her to wrap the cord of her blow dryer around her neck and strangle herself. -He stated the guardian called the facility and asked the Supervisor-in-Charge (SIC)/Medication Aide (MA) to take the blow dryer away from Resident #1. -The guardian then alerted Mental Health. -He stated Resident #1 called the Mental Health Crisis Line "about 100 times that day". -Resident stated she was going to kill herself because that was what the "voices" were telling her to do or that she was unhappy at the facility and wanted to leave. -Mental Health called the facility and spoke with Staff A who had been in the home with Resident #1. -Staff A had Resident #1 sign a "promissory note" stating she would not harm herself. -Resident #1 was to be monitored closely until she could be seen by Mental Health. -Resident #1 had a Mental Health appointment scheduled for 2/3/15. <p>Interview on 1/28/15 at 3:30pm with Staff A revealed:</p> <ul style="list-style-type: none"> -She cared for Resident #1 in the past. -Resident #1 was attention seeking but things had never "gotten out of hand". -Resident #1 had never tried to actually harm herself. -On 1/25/15, Resident #1 did not seem distressed, upset or depressed. -Resident #1 had been in the living room watching television with the other residents. -She had been quite surprised by the telephone call from Resident #1's guardian. 	C 246		

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C 246	<p>Continued From page 7</p> <ul style="list-style-type: none"> -Staff A was not aware there was an issue until she received a call from Resident #1's guardian and then a call from Mental Health. -She removed the blow dryer from the resident's room and after speaking with the Administrator she removed the laces from Resident #1's shoes. -She stated she was "scared to death to go to sleep that night" and finally laid down about 2:00am when she heard Resident #1 go to her room. -She was concerned because a stream was located on the property and active railroad tracks ran along one side of the property just past the stream. -The switch for the door alarms is in the employee room and she had flipped it on at 9:30pm but checked it again when she went to bed. -The morning of 1/26/15, she had returned Resident #1 shoelaces because she needed them for her shoes -The night of 1/27/15, Resident #1 had washed her hair. She had blown it dry for the resident but had forgotten to put the dryer away. -Resident #1 must have picked it up off of the couch and taken it to her room. -She did not notify Resident #1's primary care physician. <p>_____</p> <p>The facility provided the following Plan of Protection on 1/28/15:</p> <ul style="list-style-type: none"> -The blow dryer and other objects with wires will be removed from the residents room and will not be returned until further notice. -If the resident wants her hair done, the Supervisor-in-Charge will do it. -The staff will continue to communicate with the Mental Health team and monitor the resident. 	C 246		

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C 246	Continued From page 8 CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED FEBRUARY 28, 2015.	C 246		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure residents received care and services that are adequate, appropriate, and in compliance with federal and state laws, rules and regulations regarding Tuberculosis testing, Health Care Personnel Registry checks, criminal background checks and Health Care referral and follow-up. The findings are: 1. Based on record review and interview, the facility failed to assure 2 of 2 staff (Staff A and Staff B) had been tested for Tuberculosis (TB) disease in compliance with TB control measures (2-step Tuberculin skin test) adopted by the Commission for Health Services. [Refer to Tag 140, 10A NCAC 13G .0405(a)(b) Test for Tuberculosis (Type B Violation)]. 2. Based on observation, interview, and record review, the facility failed to provide referral and follow-up for 1 of 1 residents (Resident #1) with a history of auditory hallucinations and suicidal	C 912		

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C 912	Continued From page 9 ideations. [Refer to Tag 246, 10A NCAC 13G .0902(b) Health Care (Type A2 Violation)].	C 912		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number FCL011236	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/28/2015
Name of Facility SOUNDVIEW FAMILY CARE HOMES - UNIT I		Street Address, City, State, Zip Code 136 CENTER AVENUE BLACK MOUNTAIN, NC 28711

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix C0301 Reg. # 10A NCAC 13G .0906 (f)(1) LSC	Correction Completed 01/28/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: <i>[Signature]</i>	Date: 1/29/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
12/12/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO